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FEC MAIL CENTER

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

g a r d n e r f o r c o n g r e s s 2 0 1 2

ADDRESS (number and street)

P . O . B o x 2 4 0 8

(Check if address is changed)

L o v e l a n d C O 8 0 5 3 9 -

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

k a t i e @ t h e s t a r b o a r d g r o u p . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

w w w . c o r y g a r d n e r . c o m

2. DATE M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0

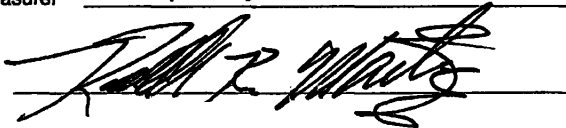
3. FEC IDENTIFICATION NUMBER C n / a

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Randolph "Ray" Martinez

Signature of Treasurer



Date

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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